

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09781276

FILING DATE

02-17-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8		2		2		
9	1		1			
10		1		1		
11		1		1		
12		2		2		
13			1			
14				1		
15				1		
16				1		
17			1			
18				1		
19				1		
20				2		
21			1			
22				1		
23				1		
24				2		
25						
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48						
49						
50						
TOTAL IND.	3		6			
TOTAL DEP.	11		22			
TOTAL CLAIMS	14		28			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						